CORRECTION #1

KOLAR Document ID: 1361257

Confidentiality Requested: OIL & GAS CONSERVATION DIVISION Yes No

Kansas Corporation Commission

Form ACO-1 January 2018 Form must be Typed Form must be Signed All blanks must be Filled

WELL COMPLETION FORM WELL HISTORY - DESCRIPTION OF WELL & LEASE

	API No.:
Name:	Spot Description:
Address 1:	SecTwpS. R
Address 2:	Feet from North / South Line of Section
City: State: Zip:+	Feet from _ East / _ West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	□NE □NW □SE □SW
CONTRACTOR: License #	GPS Location: Lat:, Long:
Name:	(e.g. xx.xxxxx) (e.gxxx.xxxxx) Datum: NAD27 NAD83 WGS84
Wellsite Geologist:	County:
Purchaser:	,
Designate Type of Completion:	Lease Name: Well #:
☐ New Well ☐ Re-Entry ☐ Workover	Field Name:
☐ Oil ☐ WSW ☐ SWD	Producing Formation:
☐ Gas ☐ DH ☐ EOR	Elevation: Ground: Kelly Bushing:
☐ OG ☐ GSW	Total Vertical Depth: Plug Back Total Depth:
CM (Coal Bed Methane)	Amount of Surface Pipe Set and Cemented at: Feet
Cathodic Other (Core, Expl., etc.):	Multiple Stage Cementing Collar Used? Yes No
If Workover/Re-entry: Old Well Info as follows:	If yes, show depth set: Feet
Operator:	If Alternate II completion, cement circulated from:
Well Name:	feet depth to:w/sx cmt.
Original Comp. Date: Original Total Depth:	
□ Deepening □ Re-perf. □ Conv. to EOR □ Conv. to SWD □ Plug Back □ Liner □ Conv. to GSW □ Conv. to Producer	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)
Commingled Permit #:	Chloride content:ppm Fluid volume: bbls
Dual Completion Permit #:	Dewatering method used:
SWD Permit #:	Location of fluid disposal if hauled offsite:
EOR Permit #:	, i
GSW Permit #:	Operator Name:
	Lease Name: License #:
Spud Date or Date Reached TD Completion Date or Recompletion Date Recompletion Date	Quarter Sec. Twp. East West County: Permit #:

AFFIDAVIT

I am the affiant and I hereby certify that all requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Submitted Electronically

KCC Office Use ONLY
Confidentiality Requested
Date:
Confidential Release Date:
Wireline Log Received Drill Stem Tests Received
Geologist Report / Mud Logs Received
UIC Distribution
ALT I II Approved by: Date:

CORRECTION #1

KOLAR Document ID: 1361257

Operator Name:				Lease Name	e:			Well #:	
Sec Twp	S. R.	East	t West	County:					
and flow rates if gas	wing and shu to surface tes	t-in pressures, who st, along with final	ether shut-in pre chart(s). Attach	essure reached s extra sheet if m	static la nore sp	evel, hydrosta bace is needed	tic pressures, bot d.	tom hole tempe	val tested, time tool rature, fluid recovery, Digital electronic log
files must be submitt								go o noomoigo.	. 2.9 0.00
Drill Stem Tests Take			∕es		Log	g Formatic	n (Top), Depth a		Sample
Samples Sent to Ge	ological Surv	ey 🗌 \	∕es □ No	N	Name			Тор	Datum
Cores Taken Electric Log Run Geologist Report / M List All E. Logs Run:	_		∕es						
Liot All E. Logo Han.									
		Rep	CASING ort all strings set-c	RECORD	New	Used	on, etc.		
Purpose of String			ze Casing	Weight		Setting	Type of	# Sacks	Type and Percent
	Dri	lled Se	et (In O.D.)	Lbs. / Ft.		Depth	Cement	Used	Additives
	<u>'</u>		ADDITIONAL	. CEMENTING /	SQUE	EZE RECORD			
Purpose:		epth Typ	e of Cement	# Sacks Used	t		Type and F	Percent Additives	
Perforate		Bottom							
Plug Back TD Plug Off Zone	' <u> </u>								
r lug on zone									
1. Did you perform a h	ydraulic fracturi	ng treatment on this	well?			Yes	No (If No, sk	ip questions 2 an	d 3)
2. Does the volume of			_		-		=	ip question 3)	(" 100 1)
Was the hydraulic fra	acturing treatmo	ent information subm	itted to the chemic	al disclosure regis	stry?	Yes	No (If No, fill	out Page Three o	of the ACO-1)
Date of first Production Injection:	n/Injection or Re	esumed Production/	Producing Meth	nod:		as Lift C	other (Explain)		
Estimated Production		Oil Bbls.			Water			Gas-Oil Ratio	Gravity
Per 24 Hours		OII DDI3.	das	IVIOI	vvaioi	Di			Gravity
DISPOSIT	TION OF GAS:		N.	METHOD OF CON	//PLETI	ON:		PRODUCTIO	N INTERVAL:
Vented So		on Lease	Open Hole		ually C	_	nmingled	Тор	Bottom
(If vented, S	Submit ACO-18.)			(St	ubmit AC	CO-5) (Subi	mit ACO-4)		
	Perforation	Perforation	Bridge Plug	Bridge Plug		Acid,	Fracture, Shot, Cer		Record
Foot	Тор	Bottom	Type	Set At			(Amount and Kind	of Material Used)	
TUBING RECORD:	Size:	Set At:		Packer At:					
		22.7		•					

Form	ACO1 - Well Completion
Operator	Raymond Oil Company, Inc.
Well Name	HAACK-SOWERS UNIT 1
Doc ID	1361257

Tops

Name	Тор	Datum
B/Anh	3248	+198
Lans	4335	-889
Mun Crk	4456	-1010
Stk Sh	4536	-1090
Paw	4712	-1266
CK Sh	4792	-1346
Miss	5029	-1583
Total	5114	

Form	ACO1 - Well Completion
Operator	Raymond Oil Company, Inc.
Well Name	HAACK-SOWERS UNIT 1
Doc ID	1361257

Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
2		500 gal 20% MCA AC + 1000 gal 20% SGA AC	4754

Form	ACO1 - Well Completion
Operator	Raymond Oil Company, Inc.
Well Name	HAACK-SOWERS UNIT 1
Doc ID	1361257

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	"	Number of Sacks Used	Type and Percent Additives
Surface	12.25	8.625	24	380	Blend #2	270	3% cc, 2% gel
Production	7.875	5.5	15.5	5095	60/40 poz	490	8% gel

Summary of Changes

Lease Name and Number: HAACK-SOWERS UNIT 1

API/Permit #: 15-023-21464-00-00

Doc ID: 1361257

Correction Number: 1

Approved By: Karen Ritter

Field Name	Previous Value	New Value
Approved Date	07/06/2017	07/25/2017
Date of First or Resumed Production or		07/20/2017
SWD or Enhr Producing Method Pumping	No	Yes
Save Link	//kcc/detail/operatorE ditDetail.cfm?docID=13 58141	//kcc/detail/operatorE ditDetail.cfm?docID=13 61257



Confidentiality Requested:

Yes No

Kansas Corporation Commission Oil & Gas Conservation Division

1358141

Form ACO-1 August 2013 Form must be Typed Form must be Signed All blanks must be Filled

CONFIDENTIAL WELL COMPLETION FORM WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License #	API No. 15
Name:	Spot Description:
Address 1:	SecTwpS. R East _ West
Address 2:	Feet from North / South Line of Section
City:	Feet from _ East / _ West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	□NE □NW □SE □SW
CONTRACTOR: License #	GPS Location: Lat:, Long:
Name:	(e.g. xx.xxxxx) (e.gxxx.xxxxx)
Wellsite Geologist:	Datum: NAD27 NAD83 WGS84
Purchaser:	County:
Designate Type of Completion:	Lease Name: Well #:
☐ New Well ☐ Re-Entry ☐ Workover	Field Name:
□ Oil □ WSW □ SWD □ SIOW	Producing Formation:
☐ Gas ☐ D&A ☐ ENHR ☐ SIGW	Elevation: Ground: Kelly Bushing:
☐ OG ☐ GSW ☐ Temp. Abd.	Total Vertical Depth: Plug Back Total Depth:
CM (Coal Bed Methane)	Amount of Surface Pipe Set and Cemented at: Feet
Cathodic Other (Core, Expl., etc.):	Multiple Stage Cementing Collar Used?
If Workover/Re-entry: Old Well Info as follows:	If yes, show depth set: Feet
Operator:	If Alternate II completion, cement circulated from:
Well Name:	feet depth to: w/ sx cmt.
Original Comp. Date: Original Total Depth:	
☐ Deepening ☐ Re-perf. ☐ Conv. to ENHR ☐ Conv. to SWD	Drilling Fluid Management Plan
☐ Plug Back ☐ Conv. to GSW ☐ Conv. to Producer	(Data must be collected from the Reserve Pit)
Commingled Permit #:	Chloride content:ppm Fluid volume: bbls
☐ Commingled Permit #:	Dewatering method used:
SWD Permit #:	Location of fluid disposal if hauled offsite:
ENHR Permit #:	·
GSW Permit #:	Operator Name:
	Lease Name: License #:
Spud Date or Date Reached TD Completion Date or	QuarterSecTwpS. R East West
Recompletion Date Recompletion Date	County: Permit #:

AFFIDAVIT

I am the affiant and I hereby certify that all requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Submitted Electronically

KCC Office Use ONLY
Confidentiality Requested
Date:
Confidential Release Date:
Wireline Log Received
Geologist Report Received
UIC Distribution
ALT I II Approved by: Date:



8059

TICKET NUMBER 51786

LOCATION Colley KS

FOREMAN Jerry Y

	00-467-8676	. IELD T	ICKET & TREAT CEMEN		ORT INVOICE	481021	8 KS
DATE CL	JSTOMER#	WELL NAME		SECTION	TOWNSHIP	RANGE	COUNTY
16-17 7	158 1	Haack-Sow	ers Unit#1	20	45	37w	Chegano
USTOMER R	amed D	11	Mc Donald	TRUCK#	DRIVER	TRUCK#	DRIVER
AILING ADDRESS	grano C	<i>ν</i> ,	W403/	7311	CoryA		
?D.BOX 487	88		Ursiety	5661	Walt-D		
Michita	STA	ATE ZIP C	ODE	1529 TIZY	Walt D		
OB TYPE 2-54		LE SIZE 7 2/8	HOLE DEPTH	assist 5114	CASING SIZE & V	VEIGHT 5/2	15,50
ASING DEPTH 5		LL PIPE	/ TUBING_		07.00		ole 3243
URRY WEIGHT		, ,	1.89 WATER gal/si	k	CEMENT LEFT in	11	
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E0710/	26.9	1 to	mileage del	ivery		1.15	2554.80
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P85541	3	Co	entrolizes 5	5/2		8100	243.00
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P 8629	2	4	5/2 baskets	1		3 85,00	
P 8801	1		1/2 DV Tos	<i>)</i>		59 70.00	59700
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ude 2727						SALES TAX ESTIMATED	1191.7
uthoriztion_	30h. 1-	1				TOTAL	19513,19
UTUODITION (lesto		TITLE			DATE	

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form



TICKET NUME	BER	51777	
LOCATION_	08	Kley Ks	
FOREMAN	Je	MY	

PO Box 884, Chanute, KS 66720

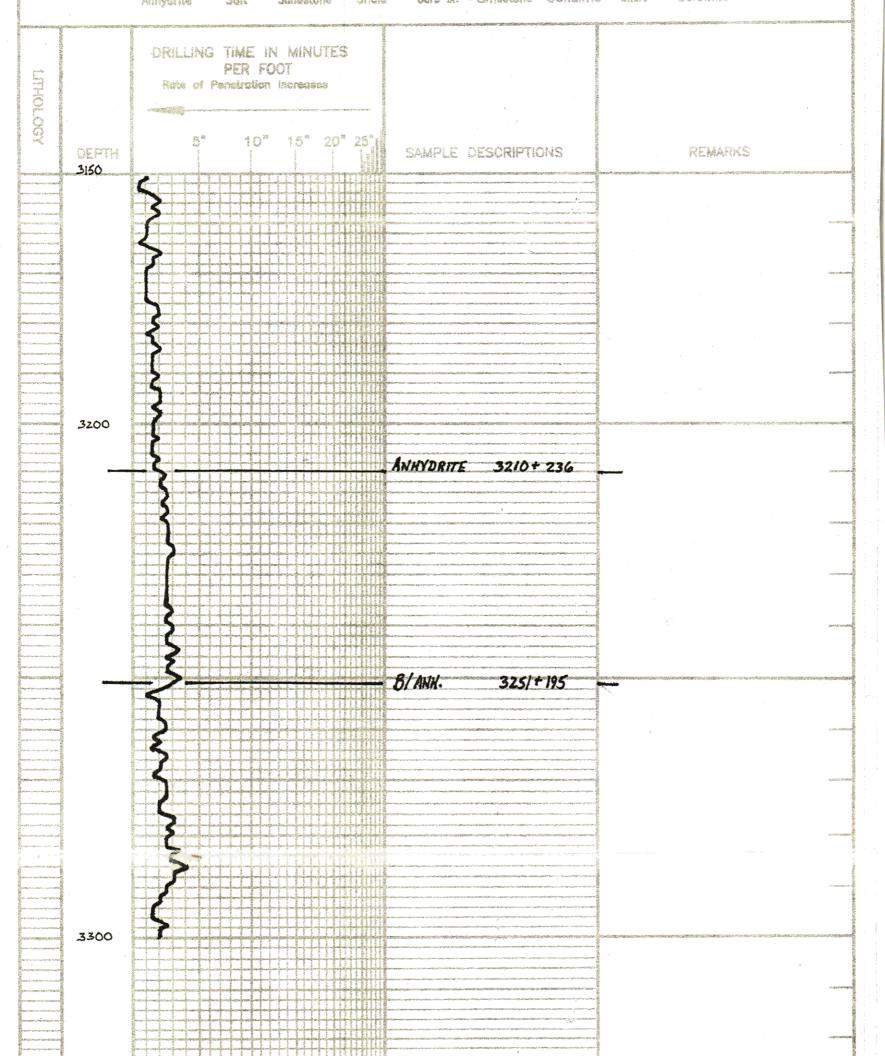
FIELD TICKET & TREATMENT REPORT

20-431-9210 d	0-431-9210 or 800-467-8676		CEMENT			16年810190		
DATE	CUSTOMER#	WELL	NAME & NU		SECTION	TOWNSHIP	RANGE	COUNTY
4-25-17	7158	Hack -	Sawers	arty	S ()	45	370	Cheyena
CUSTOMER	D	10.1		Mc Done ld	TOUGH #	T power	TRUCK#	
MAILING ADDRE	ss gyman	c Vil		W63/	731	DRIVER	TRUCK#	DRIVER
P.O.BOX	18788			5 to birs	566	Cory		
		STATE	ZIP CODE	_ US 6 5,246	200	- war		
Wichita	•	Ks	67201					
OB TYPE	artec		12.14	HOLE DEPTH	384	CASING SIZE & 1	WEIGHT 87	24 #
ASING DEPTH		DRILL PIPE					OTHER	
LURRY WEIGH	T 14.8	SLURRY VOL_	1.24	_ WATER gal/s	k	CEMENT LEFT in	CASING_28) /
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CODE	QUANITY	or UNITS		DESCRIPTION of	SERVICES or PI	RODUCT	UNIT PRICE	TOTAL
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	010	Wah					TOTAL	6197,60
AUTHORIZTION	. II. Ax V	Walk		TITLE			DATE	

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.

CONSULTING GEOLOGIST 316-684-9709 * WICHTAKS 316-684-9709 * WICHTAKS SEOLOGIST'S REPORT DRILLING TIME AND SAMPLE DOG RAYMOND DIL COMPANY, TAC. #1 HANCK-SONERS ONIT DRILLING TIME AND SAMPLE DOG RAYMOND DIL COMPANY, TAC. #1 COMP 44 RGE 37XV Wedsurements Are AI NULPEAT 2299 FILL 4 2633 FEL ON WEB STATE KANSAS CLD DRILLING, TAC. STATE KANSAS FROM 3700 TO 5115 SUPPRISON FROM 3700 TO 5115 ME KEPT FROM 3700 TO 5115 ME KEPT FROM 3700 TO 5115 SUPPRISON FROM 3800 TO 5115 SUPPRIS	B/ANH. HEEBNER LANSING B/KC B/KC PAWNEE FORTSCOTT CHEROKEE MISSISSIPPI	SEOLORIAN SAN SEOLORIAN SEOLOR	SAMPLES EXAMINED FROM	SAFES SAFE FROM	A-25-17 5115	COMPANY RAYMOND EAST #1 HA FIELD 2000000000000000000000000000000000000	
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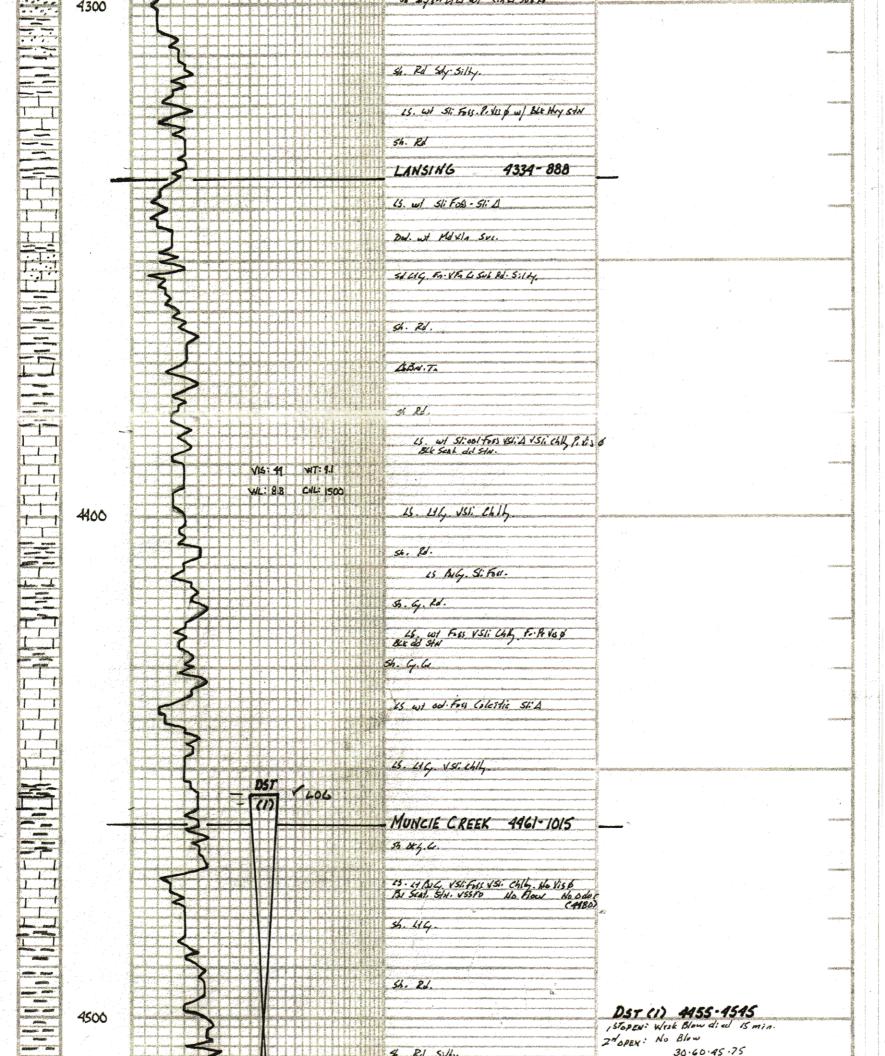
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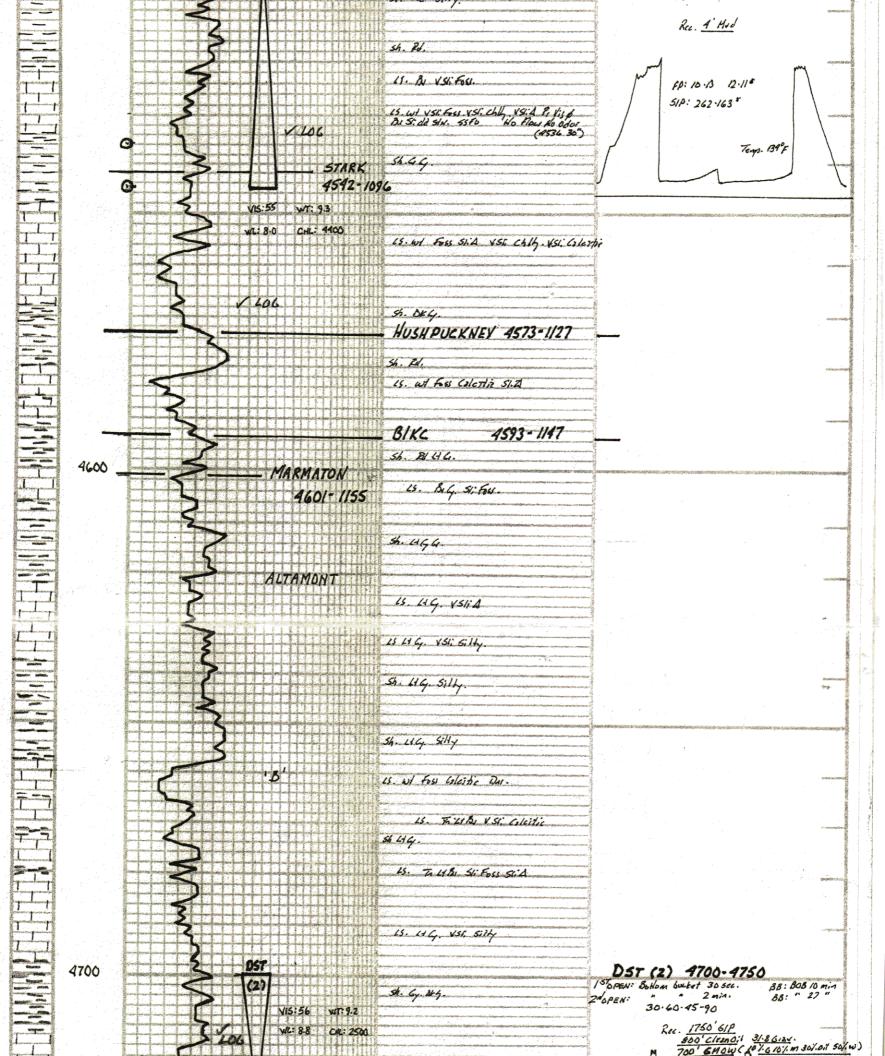


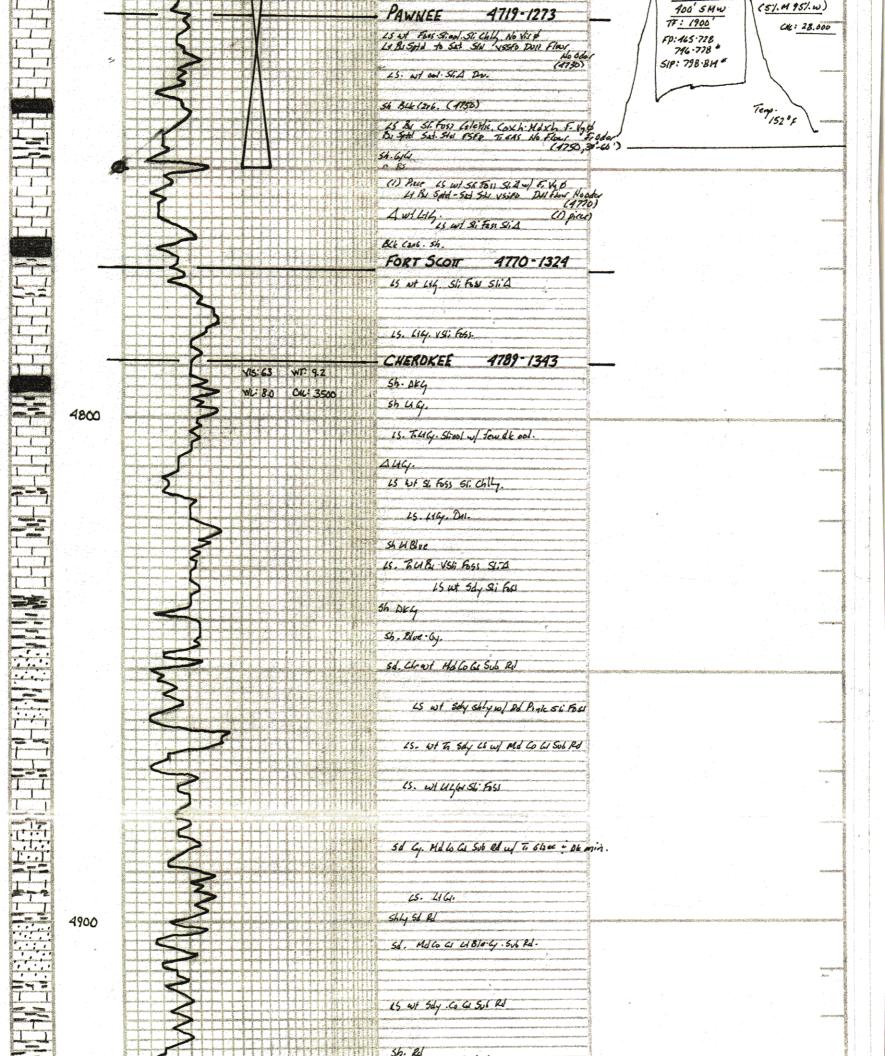
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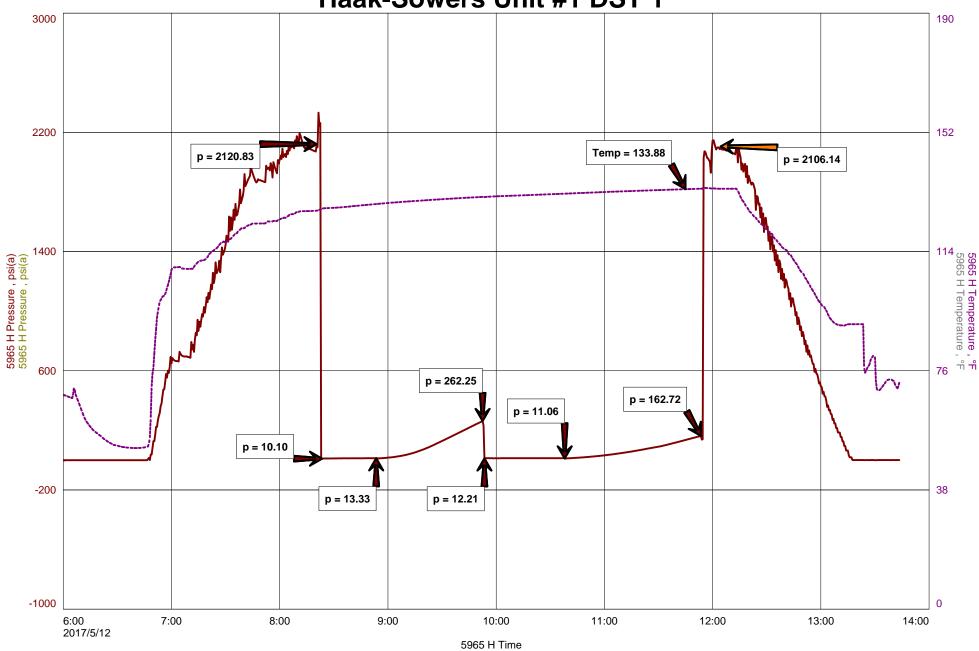


Raymond Oil

Start Test Date: 2017/05/12 Final Test Date: 2017/05/12

Haak-Sowers Unit #1 DST 1

Haak-Sowers Unit #1 Formation: L/KC 140'-180' Job Number: W285





Diamond Testing General Report

Wil Steinbeck TESTER

CELL: 620-282-9067

General Information

Company Name Raymond Oil Job Number W285
Contact Kim Shoemaker Representative Willour Steinbeck
Well Name Haak-Sowers Unit #1 Well Operator LD
Unique Well ID Report Date 2017/05/12
Surface Location 20-4s-37w Cheyenne/Kan Wildcat Qualified By Kim Shoemaker

Test Information

Test Purpose

Test Type DST Conventional Formation L/KC 140'-180' Well Fluid Type

 Start Test Date
 2017/05/12 Start Test Time
 06:00:00

 Final Test Date
 2017/05/12 Final Test Time
 13:45:00

Test Recovery

RECOVERY:

4' Mud 4' Total Fluid

Tool Sample=Mud



P.O. Box 157

HOISINGTON, KANSAS 67544 (800) 542-7313

DRILL-STEM TEST TICKET

FILE: Haak-Sowers Unit #1 DST 1

TIME ON: 6:00
TIME OFF: 13:45

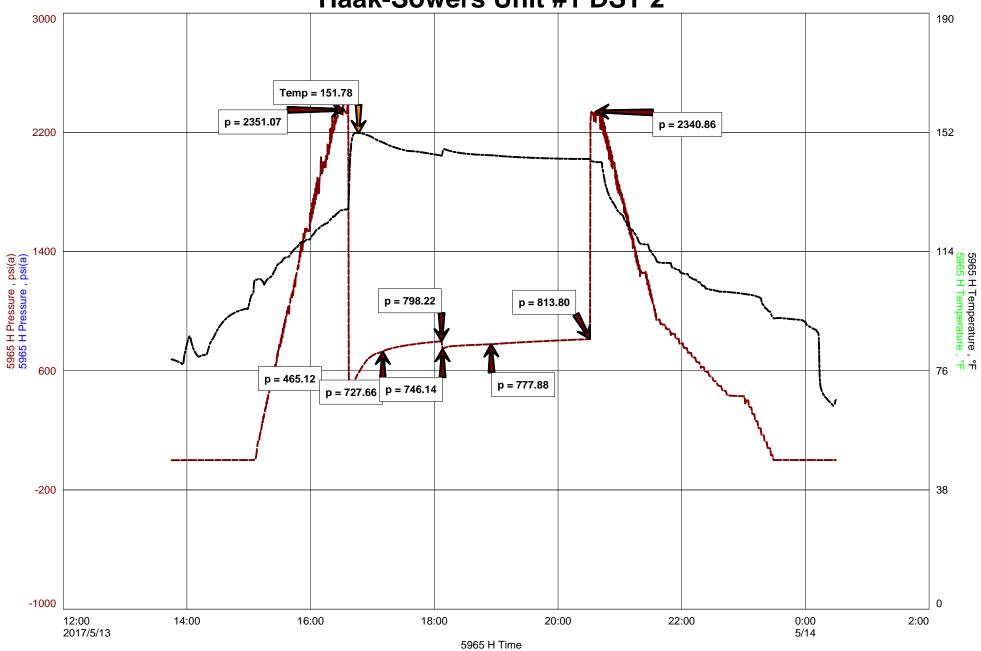
FILE: Haak	-Sowers Unit #1_DST 1
Company Raymond Oil	Lease & Well No. Haak-Sowers Unit #1
Contractor LD Rig 1	Charge to Raymond Oil
Elevation3446 KB Formation Pawr	nee Effective PayFt. Ticket NoW285
Date 5/12/17 Sec. 20 Twp. 4 S	RangeState_KANSAS
Test Approved By Kim Shoemaker	Diamond Representative WIL STEINBECK
Formation Test No. 1 Interval Tested from 4	1455 ft. to4545 ft. Total Depth 4545 ft.
Packer Depth 4450 ft. Size 6 3/4 in.	Packer depthft. Size_ 6 3/4 in.
Packer Depth 4455 ft. Size 6 3/4 in.	Packer depthft. Size6 3/4 in.
Depth of Selective Zone Set	
Top Recorder Depth (Inside) 4441 ft.	Recorder Number5965 Cap5000 P.S.I.
Bottom Recorder Depth (Outside) 4456_ft.	Recorder Number 5587 Cap. 5000 P.S.I.
Below Straddle Recorder Depthft.	Recorder Number Cap P.S.I.
Mud Type CHEMICAL Viscosity 55	Drill Collar Length 0 ft. I.D. 2 1/4 in.
Weight 9.1 Water Loss 8.8 c	c. Weight Pipe Length0 ft. I.D2 7/8 in
Chlorides 1500 P.P.M.	Drill Pipe Length 4422 ft. I.D 3 1/2 in
Jars: Make STERLING Serial Number J&J	Test Tool Length 33 ft. Tool Size 3 1/2-IF in
Did Well Flow? No Reversed Out No	Anchor Length 90 ft. Size 4 1/2-FH in
Main Hole Size 7 7/8 Tool Joint Size 4 1/2 XH in.	Surface Choke Size 1 in. Bottom Choke Size 5/8 in
Blow: 1st Open: Surface blow died in 15 min	No Return
2nd Open: No Blow	No Return
Recovered 4 ft. of Mud	
Recovered 4 ft. of Total Fluid	
Recoveredft. of	
Recoveredft. of	
Recoveredft. of	Price Job
Recoveredft. of	160 Miles RT Other Charges
Remarks: Tool Sample= Mud	Insurance
2	
A.M.	Total A.M.
Time Set Packer(s) 8:20 P.M. Time Started Off E	
Initial Hydrostatic Pressure	(A) <u>2121 P.S.I.</u>
Initial Flow Period	(B) 10 P.S.I. to (C) 13 P.S.I.
Initial Closed In Period	(D)P.S.I.
Final Flow Period	(E)12 P.S.I. to (F)11 P.S.I.
Final Closed In PeriodMinutes75	
Final Hydrostatic Pressure.	
Diamond Testing shall not be liable for damages of any kind to the property or personnel of	the one for whom a test is made or for any loss suffered or sustained, directly or indirectly, through

Raymond Oil

Start Test Date: 2017/05/13 Final Test Date: 2017/05/14

Haak-Sowers Unit #1 DST 2

Haak-Sowers Unit #1 Formation: Pawnee Job Number: W286





Diamond Testing General Report

Wil Steinbeck TESTER

CELL: 620-282-9067

General Information

Company Name Raymond Oil Job Number W286
Contact Kim Shoemaker Representative Well Name Haak-Sowers Unit #1 Well Operator LD
Unique Well ID Report Date 2017/05/13
Surface Location 20-4s-37w Cheyenne/Kan Prepared By Field Wildcat Qualified By Kim Shoemaker

Test Information

Test Type DST Conventional Formation Pawnee Well Fluid Type Test Purpose

 Start Test Date
 2017/05/13 Start Test Time
 13:45:00

 Final Test Date
 2017/05/14 Final Test Time
 00:36:00

Test Recovery

RECOVERY:

800' Gassy Free Oil 700' GMOCW 10%G 10%M 30%O 50%W 400' MCW 5%M 95%W 1900' Total Fluid 1750' GIP

Tool Sample=Plugged with cutting

Corrected Gravity=31.8

Chlorides=28



P.O. Box 157

HOISINGTON, KANSAS 67544 (800) 542-7313

DRILL-STEM TEST TICKET

FILE: Haak-Sowers Unit #1 DST 2

TIME ON: 13:45

TIME OFF: 00:36

Company Raymond Oil	Lease & Well No. Haak-Sowers Unit #1
Contractor LD Rig 1	
344 CO 1/4 CO 1/	Effective PayFt. Ticket NoW286
	nge 37 W County Cheyenne State KANSAS
16. 01	Diamond Representative WIL STEINBECK
Formation Test No. 2 Interval Tested from 470	
4005	Packer depthft. Size 6 3/4 in.
4700	Packer depth ft. Size 6 3/4 in.
Depth of Selective Zone Set	
1000	Recorder Number5965_Cap5000 P.S.I.
4704	Recorder Number 5587 Cap. 5000 P.S.I.
A A North-Control of the Control of	Recorder Number Cap. P.S.I.
	Drill Collar Length 0 ft. I.D. 2 1/4 in.
0.0	Weight Pipe Length 0 ft. I.D. 2 7/8 in
0.500	Drill Pipe Length 4667 ft. I.D. 3 1/2 in:
10.1	Test Tool Length 33 ft. Tool Size 3 1/2-IF in
Von	Anchor Length 50 ft. Size 4 1/2-FH in
24.1	Surface Choke Size 1 in. Bottom Choke Size 5/8 in
	3 in 10 min
	in 27 min
Recovered 800 ft. of Gassy Free Oil	
Recovered 700 ft. of GMOCW 10%G 10%M 30%O 50%W	
Recovered 400 ft. of MCW 5%M 95%W	
Recovered 1900 ft. of Total Fluid	
Recovered 1750 ft. of GIP	Price Job
Recovered ft. of	160 Miles RT Other Charges
Remarks: Tool Sample= Plugged with cuttings	Insurance
Corrected Gravity=31.8	
Chlorides=28,000	Total
Time Set Packer(s) 16:40 A.M. P.M. Time Started Off Botto	om20:25 A.M. P.M. Maximum Temperature152
Initial Hydrostatic Pressure	(A) 2341 P.S.I.
Initial Flow Period	_(B) 465 _{P.S.I.} to (C) 728 _{P.S.I.}
Initial Closed In Period	(D)P.S.I.
Final Flow Period	(E)
Final Closed In PeriodMinutes75	_(G)814 P.S.I.
Final Hydrostatic Pressure.	(H)

Diamond Testing shall not be liable for damages of any kind to the property or personnel of the one for whom a test is made or for any loss suffered or sustained, directly or indirectly, through the use of its equipment, or its statement or opinion concerning the result of any test. Tools lost or damaged in the hole shall be paid for at cost by the party for whom the test is made.